

## SG Guidance for 2010



### ***FOCUSING ON THE FUTURE***

When I became the Navy Surgeon General on 27 August 2007, I challenged the leadership of Navy Medicine to use my guiding principles as stated in the Concept of Care framework, to shape and implement 100-day action plans to create momentum and establish a solid foundation of observable progress. These plans were rolled into the FY08-09 Strategic Goals with strong leadership involvement of our Navy Medicine Flag Officers and Senior Executive Service civilians, who serve as Goal Champions. These goal champions selected specific focus areas within their assigned strategic goal, established workgroups and teams to uncover the root causes of identified shortcomings and designed best practices to sustain documented improvements. Navy Medicine leadership reconfirmed its commitment to achieve and sustain our vision, by revising and revitalizing our Strategic Goals for the FY 2010-2015 planning horizon. The FY10 Objectives document Navy Medicine's support of both the Maritime Strategy and the National Security Strategy of the United States of America. Navy Medicine is fully engaged in carrying out the core capabilities of the Maritime Strategy around the globe with our Navy and Marine Corps warfighter enterprises, contributing to the Joint Force in Operation Enduring Freedom, Operation Iraqi Freedom and other missions, and delivering high quality care in our fixed treatment facilities in the United States and abroad.

The 2010 Guidance outlines the way ahead for the upcoming year and recognizes our accomplishments of the past. It reaffirms our mission of Force Health Protection and our Navy core values of Honor, Courage and Commitment. Our Concept of Care framework continues to hold responsive, compassionate, Patient and Family-Centered Care as the heart of Navy Medicine, while we design and deliver our health service support products and services across the six phases of operations - shape, prevent, contain, interdict, stabilize and recover. The Deputy Surgeon General will lead the Navy Medicine Corporate Executive Board to achieve sustained, improved performance in all of the Navy Medicine FY10-15 Strategic Goals:

- Agile Capabilities
- Deployment Readiness
- Patient and Family-Centered Care
- Performance-based Budget
- Quality of Care
- Research & Development (R&D) and Clinical Investigation Programs (CIP)
- Total Force

We will continue to experience outstanding results when we ensure unity of effort across the Navy Medicine enterprise. The Strategic Plan, Goals and Objectives provide an accountability structure for measuring our performance and operational effectiveness against established targets; a structured methodology for identifying best practices; and opportunities for improvement. We are making progress and our past accomplishments established a firm foundation for continued achievements in the coming year. Some highlights include:

#### **AGILE CAPABILITIES**

Continued to refine metrics for measuring compliance with DoD policies regarding the Medical Readiness and Deployment Health Assessment reporting processes.

Mapped Navy Medicine operational platforms to Unit Type Codes (UTCs) and distributed draft UTC personnel packages for subject matter expert review.

Received concurrence from Fleet Health on the Expeditionary Medical Facility (EMF) 150 Build Plan.

Mapped platform UTCs into the billet file and phased them across the Future Years Defense Program in accordance with the EMF Build Plan.

Finalized the EMF Collective Protection (COLPRO) plan with the Joint COLPRO Program Office.

Began Theater Medical Information Program (TMIP) roll-out with deployments to EMF Kuwait, EMF Djibouti, three aircraft carriers and several smaller ships.

Coordinated with Army to support CENTCOM request for TMIP at Afghanistan EMFs.

#### **DEPLOYMENT READINESS**

BSO-18 medical readiness indeterminate rate is less than three per cent; Released BUMEDINST 6110.14, "Documenting and Reporting Individual Medical Readiness data"

Incorporated best practice processes into Medical Readiness Reporting System (MRRS) functional user training at Navy Medicine fixed treatment facilities.

Revision of BUMEDINST 3500.4A is underway aligning manpower files and training requirements to specified platforms.

#### **PATIENT & FAMILY-CENTERED CARE**

Contracted for Case Management services across Navy Medicine to support complex clinical needs of Wounded Warriors.

Released BUMEDNOTE 6000 of 16 June 2009, "Guidelines for supporting single active duty pregnant service members" to provide this population with a comprehensive, standard bundle of services to ensure a safe, well-supported pregnancy.



### **PERFORMANCE-BASED BUDGET**

For the second year in a row, successfully applied “pay-for-performance” formulae in mid-year financial reviews for fixed treatment facilities and continued to dialogue with the Office of the Assistant Secretary of Defense for Health Affairs/TRICARE Management Activity to improve Prospective Payment System (PPS) equations for applicability within the Defense Health Program.

In connection with the “medical home” concept at the National Naval Medical Center, contracted with the Center for Naval Analysis to help Navy Medicine define the most appropriate metrics for measuring the primary care outputs. The results of this study will help inform future formulations of PPS.

Sponsored several pilot studies at Naval Medical Center San Diego and Naval Medical Center Portsmouth using industrial engineering techniques to explore the usefulness of the process to improve the quality, effectiveness and cost of care.

### **QUALITY OF CARE**

All fixed treatment facilities are accredited by The Joint Commission. We made measurable gains in our performance on quality measures for asthma treatment and breast cancer screening, and continue to seek and deploy best practices for many of the measures within the Healthcare Effectiveness Data and Information Set (HEDIS) which is a tool used by more than 90 percent of health plans.

Reinforced Access to Care guidelines, resulting in high patient satisfaction and support to line commanders such that the individual medical readiness status of more than 92 percent of active duty personnel has been determined and documented in MRRS.

### **RESEARCH & DEVELOPMENT and CLINICAL INVESTIGATION PROGRAMS**

Conducted VANGUARD 2009, with 31 commands represented. Prioritized capability requirement gaps and developed processes and procedures to continuously “leverage science and technology initiatives to ensure warfighting benefits accrue to future Sailors.”

Conducted the 2009 Navy Medicine CIP Summit, including CIP and Graduate Medical Education (GME) leaders from all eight Navy GME training sites resulting in common definitions and communication platforms to facilitate collaborative support and project hand-off where appropriate.

Established a central review and study panel to award CIP grants to projects that solve clinical issues and fill operational gaps specific to militarily relevant needs.

Achieved alignment of Navy Medicine R&D and CIP projects with cooperative, synergistic, forward-targeted strategic goals.

Continued to develop and strengthen international partnerships.

### **TOTAL FORCE**

Established Senior Executive Service position at the Bureau of Medicine and Surgery to provide comprehensive oversight and management of the more than 40,000 Navy Medicine personnel: active and reserve component military officers and enlisted personnel, government civilian employees, contracted workers, volunteers, and others.

All Corps met recruiting goals.

Filled 90 per cent of identified training seats through collaboration with all Specialty Leaders and Enlisted Technical Leaders.

Center for Naval Analyses (CNA) completed a survey of Navy Medical Department personnel to identify factors that influence career decisions. Results are being used by Corps Chiefs to shape recruiting and retention interventions to better shape the future force.

### **Focus for 2010**

Moving forward with the FY10-15 goals, we will focus our efforts on the FY10 Objectives. The strategic objectives like the strategic goals are interrelated and, at times, overlap. This is appropriate because our efforts must be parts of a synergistic, dynamic health service support system. At the heart is our true north – responsive and compassionate patient and family-centered care. The following guidance presents the 2010 Navy Medicine strategic objectives. The Goal Champions have authority and responsibility over their assigned strategic goals and provide guidance and oversight to chartered work groups to develop and implement action plans for objectives within their goals. The Goal Champions coordinate and collaborate with each other, Navy Medicine Regional Commanders, and others, and will monitor performance metrics and provide regular updates to the Deputy Surgeon General and the Navy Medicine Corporate Executive Board.

I expect quantifiable progress on all strategic objectives as Navy Medicine continues to refine our strategic management processes and outcomes.

### **2010 Objectives**

**AGILE CAPABILITIES:** *Navy Medicine will promote healthy Naval Forces and ensure warfighters are medically prepared to meet their mission. The Naval Forces will have the right medical capabilities to deliver consistent, appropriate, and timely healthcare services across the entire range of joint military operations. (Champion: N931; RDML Roberts)*



We will redefine our health service support capabilities into flexible and scalable options that integrate capability teams of people with modular, scalable hardware platforms, to respond to dynamic requirements across the entire range of operations.

We will monitor the medically deployable status of all active duty at shore based commands enrolled to our treatment facilities and dialogue with their Line Commanders on best ways to support the highest level of medical readiness.

*The Way Ahead:*

- The medically deployable status of all active duty and reserve service members is known.
- Casualties in the deployed forces are minimized through the prevention of disease and non-battle injuries.
- Expeditionary combat casualty care is provided in support of COCOM requirements.
- Navy Medicine will exploit soft power projection.

**DEPLOYMENT READINESS:** *Every uniformed member of Navy Medicine will be fully deployable based on successful achievement of all training, administrative and medical readiness requirements. (Champion: M3/5; CAPT Faison)*

The Individual Medical Readiness (IMR) status of Navy Medicine's people is at an all time high; yet we continue to have individuals who 'fall out' from deployment taskings. This is unacceptable and will be corrected by diligent efforts by all concerned.

*The Way Ahead:*

- Implement standardized training for component health services platforms.
- Improve the accuracy of readiness information by medical platforms.
- Improve BSO-18 total IMR, IMR reporting status.

**PATIENT and FAMILY-CENTERED CARE:** *Patient and Family-Centered Care is Navy Medicine's core concept of care. It defines each patient as a participant in his or her own health care and recognizes the vital importance of the family, military culture, and the chain of command in supporting our patients. (Champion: M3/5; CAPT Faison)*

The "medical home" concept is being evaluated as a model for the delivery of patient and family centered care. We will incorporate the best it offers into primary care settings at all treatment facilities, including coordination of best practices with the Fleet and Marine Corps Battalion Aid Stations.

*The Way Ahead:*

- Maximize patient and family empowerment and advocacy by soliciting input on ways to improve how healthcare services are provided (command legal counsel will ensure compliance with federal laws on advisory committees).
- Ensure patient satisfaction with the healthcare experience regarding access to care, coordination of services, and safety of healthcare delivery.
- Create healing environments respectful of our military culture.
- Ensure comprehensive medical services.

**PERFORMANCE-BASED BUDGET:** *Performance-based budgeting transforms Navy Medicine from historically based fiscal planning and execution into a process which links resources to performance goals. This properly aligns authority, accountability, and financial responsibility with the delivery of quality, cost effective health care. (Champion: M8; Mr. Marshall)*

Navy Medicine, with the entire Military Health System, is entering into joint capability analysis and planning processes to ensure Service equities during the Planning, Programming, Budgeting and Execution System (PPBES) process. This means improved leverage in developing and funding solutions to known health readiness capability gaps. The way forward is population-based business planning where we aim to provide continuous support to ensure the health of a population and minimize the hazards of a fee-for-service financial model that rewards sickness and over utilization. By successfully implementing sound patient and family-centered care, the production and financial pieces will fall into place.

*The Way Ahead:*

- Develop a comprehensive management process to integrate resource allocation, workload production, and quality in order to increase alignment of accountability and financial responsibility resulting in the efficient and effective accomplishment of assigned missions.
- Develop relevant data analysis capability enterprise-wide to support improved program performance.

**QUALITY OF CARE:** *Navy Medicine health services outcomes meet or exceed patient quality expectations. Our providers deliver the best and current practice complemented by convenient access, lasting results, preventive health, and mitigation of health risk. (Champion: M3/5; CAPT Faison)*

Navy Medicine will continue to focus on access to integrated primary care and leveraging technologies such as tele-health for subsequent visits; quality via clinical studies, clinical practice guidelines and dissemination of best practices in clinical care; transition and coordination of care using case managers; and screening and surveillance, while sharing best practices across the care continuum.

*The Way Ahead:*

- Establish policies and practices rooted in evidence.
- Maximize patient safety.
- Promote ethically infused activity.
- Wounded Warrior Care and family support is evidence-based and builds the path to restoration. (Champion: Special Assistant for Wounded, Ill and Injure; RADM Flaherty)

**RESEARCH AND DEVELOPMENT and CLINICAL INVESTIGATION PROGRAMS:** *Navy Medicine will conduct relevant research, development, testing, evaluation, and clinical investigations which protect and improve the health of those in our care. (Champion: M00R; Dr. Cheatham)*

The collective actions of Navy Medicine's research, development, testing, evaluation and clinical investigations professionals ensure these activities are linked to the current and future capability requirements of those we serve. The Executive Research Board, a central review and study panel, will guide CIP efforts by reviewing applications and awarding grants.

*The Way Ahead:*

- Produce required research products that preserve, protect, treat, rehabilitate, or enhance the performance of Navy and Marine Corps personnel and healthcare services.
- Engage in partnerships to enhance efficiencies and project Navy Medicine pertinence in the research and academic communities.
- Achieve and maintain a national and international reputation as a high quality, high performance biomedical and military medicine research enterprise, reflecting great credit upon Navy Medicine and ensuring recognition and accreditation of its clinical and academic programs.
- Create Common Operating Picture linking requirements with R&D/CIP efforts in all venues – articulating the impact of outcomes on healthcare services.

*TOTAL FORCE: Navy Medicine will maintain the right workforce to deliver medical capabilities across the full range of military operations through the appropriate mix of accession, retention, education and training incentives. (Champion: M1; Mr. Lacamera)*

Our most important resource is our people. The total force includes: active duty, reserve component, government civilian employees, contractors, and volunteers. The interdependencies of our manpower systems are complex and must be coordinated to ensure that the right person with the right skills is available at the right time for the right mission. Better data integrity is needed as we mature our business planning processes and network capabilities while always being responsive to requests for forces in the global sourcing environment. We are updating our staffing models to include the capability for improved POM trade-off decisions, with sensitivity to the requirements of security and stability operations, and risk-adjusted models for high demand requirements. Taking care of our people through sound career planning, incentives, financial rewards, training and education opportunities will ensure that our best people stay on the team. Strategic doctrine for Navy Medicine education and training will be published to guide all education and training decisions to ensure the agile capabilities of our Total Force.

*The Way Ahead:*

- Establish an overarching organizational structure that directly aligns all aspects of Manpower, Personnel, Training and Education (MPT&E) resulting in the cohesive development, oversight, and execution of Total Force Strategy for Navy Medicine.
- Attract, train, educate, and retain a diverse total force with the requisite competencies to meet current and future missions.
- Develop, establish, and implement a comprehensive training and education strategy for Navy Medicine.



## Strategic Implementation and Management

My guidance in this document is your call to action to focus our individual and collective efforts on sustaining and improving our accomplishment of these goals. Use the complimentary disciplines of Continuous Process Improvement methods and tools such as Lean, Six Sigma, Quality Management, and industrial engineering to analyze the opportunities for improvement and develop leveraged interventions that can be sustained and shared across Navy Medicine. The Deputy Surgeon General will lead the Goal Champions as they coordinate their actions across these 24 objectives and will update me on our progress. The Navy Medicine Corporate Executive Board will receive regular briefings from the Goal Champions. Each Echelon III and Echelon IV command will align their plans and efforts to bring all of Navy Medicine to green on the cascading metrics. Every person in Navy Medicine will know our strategic goals and will align his or her activities and actions in support of our force health protection mission.

Navy Medicine will continue to be a force multiplier in support of the Maritime Strategy by providing agile and effective health services support capabilities across the six operational plan phases. Ongoing review and monitoring with effective action will result in enterprise-wide improvement in core capabilities, implementation of successful practices, development of new strategies, and alignment of resources. We are privileged to care for those who serve our nation, and we will continue to honor that sacred trust in the years ahead.

A handwritten signature in black ink that reads "A. M. Robinson, Jr." with a stylized, cursive script.

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